F	Please type a plus sign (Under the Papen a valid OMB cont	work Ré	education Act of 1995, no persons	Patent and Trademark Office	ا راهوا (e:	PTO/SB/01 (12-97) through 9/30/00. OMB 0651-0032 DEPARTMENT OF COMMERCE of information unless it contains		
1	DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)			Attorney Docket Nun	nber	JACOB100		
				First Named Inventor	r }	JACOBSON, JAMES D.		
				COMPLETE IF KNOWN				
				Application Number	} `	,		
	_	tion Declaration ed OR Submitted after Initial		Filing Date	7			
	Declaration Submitted		Group Art Unit					
	with Initial		Examiner Name					

As a below named inventor, I hereby declare that:									
My residence, post office address, and citizenship are as stated below next to my name.									
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
MICROPOROUS FILTER MEMBRANE, METHOD OF MAKING MICROPOROUS FILTER									
MEMBRANE AND SEPARATOR EMPLOYING MICROPOROUS FILTER MEMBRANES									
the specification of which		le of the Invention)							
is attached hereto									
	OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International								
	Was filed of (WWVDD 1111)								
Application Number and was amended on (MW/DD/YYYY) (if applicable).									
	eviewed and understand the ent specifically referred to ab		ied specification	, including the cla	ims, as				
I acknowledge the duty to o	I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 356(b) of any foreign application(s) for patent or inventor's certificate, or 356(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application	Country	Foreign Filling Date	Priority Not Claimed		py Attached?				
Number(s)	Country	(MM/DD/YYYY)	Not Claimed	YES	NO				
					H i				
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto:									
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.									
Application Number	r(s) Filing Dat	e (MM/DD/YYYY)							
ļ			Additional provisional application numbers are listed on a						
Ī				emental priority	-				
]			PTO/S	SB/02B attached	d hereto.				
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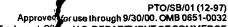
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	J.S. Parent Application or Number				rent Filing Date MM/DD/YYYY)		Parent Patent Numbe (if applicable)		
☐ Addition	nal U.S. or PCT international applic	cation numbers	are listed on	a supplem	nental priority d	ata shee	t PTO/SB/0	D2C attached hereto.	
As a named inventor, I hereby appoint the following registered practioner(s) to prosecute this application and to transact all business in the Pate and Trademark Office connected therewith: Customer Number OR Registered practitioner(s) name/registration number listed below Label here									
	Name	Registration Number			Name			Registration Number	
Bradford F	R. L. Price	29,101		Stepl	Stephen B. Heller			30,181	
Denise M.	Serewicz	36,928		Andr	Andrew G. Kolomayets			33,723	
Gary W. M	IcFarron	27,357							
Additions	Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.								
Direct all co		ner Number Code Label		OR X Corresp			orrespond	ondence address below	
Name	Bradford R. L. Price								
Address	Baxter Healthcare Corporation								
Address	Fenwal Division Rt. 120 & Wilson Road								
City	Round Lake			State	IL	ZIP	60073		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Telephone (847) 270-2632

Name of Sole or	First Inventor:	A petition has been filed for this unsigned inventor							
Given Na	me (first and middle fi	[if any]) Family Nam			Name or S	or Surname			
JAMES D.			I	ACOBSC)N				
inventor's Signature	1/1	fa					Date	11/2	<i>'3/</i>
Residence: City	Lindenho	Irst State	11	Country	US	A	Citizenship	Us	Ã
Post Office Address	2729	Gettys	burg	(Li	ndenhius	t, /L)			
Post Office Address	2729	Gettys	burg	14					
City	Lindayhnist state	, 14	ZIP	6004	6	Country	USA		
DAdditional invent	ore are being named	on the sunn	Jemontal A	dditional Inve	entor(c) ch	oot(e) PTO	/SB/03A attac	had he	ref